

## Measles

### Sample: Exclusion notice to parent of pupil with an immunization exemption

(Date)

Dear Parent/Guardian:

Measles (also known as rubeola, red measles, or ten-day measles) has been reported in our community and is spreading to school pupils. While most cases recover fully, measles can cause pneumonia, brain damage, and even death. In order to protect your son/daughter as well as other children at school, it must be determined that he/she is not susceptible to measles. Your child is susceptible if she/he has never had the disease or never has received the measles vaccine.

The school record indicates that your son/daughter \_\_\_\_\_ (name) has not been immunized against measles and is attending school with an exemption based on personal beliefs or medical reasons.

Therefore, according to California State Law, **your son/daughter will have to be excluded from school** starting \_\_\_\_\_ (date) and continuing until the Local Health Officer determines that it is safe for him/her to return.

Should you decide to have your son/daughter immunized against measles and present a record of this immunization to the school, under most circumstances, your child may be readmitted to school on the same day.

Measles vaccine can be obtained from your doctor or from the \_\_\_\_\_ (name) Public Health Clinic(s) for a fee at \_\_\_\_\_ (address) on \_\_\_\_\_ (dates) from \_\_\_\_\_ (time). A parent or guardian must read and sign a consent form before anyone under age 18 years is immunized. If you have questions, please call the \_\_\_\_\_ (name) Health Department at \_\_\_\_\_ (telephone number). Thank you for your cooperation in preventing the spread of measles.

Sincerely,

\_\_\_\_\_(Health Officers name)  
\_\_\_\_\_(County) Health Officer